Table 1

	Group 1 (Psoriatic) (n=115)	Group 2 (Control) (n=60)	p
Age (years)	33.6 ± 6.0	32.5 ± 8.3	NS
Male gender (%)	62 (53.9%)	28 (46.7%)	NS
Current smoker (%)	46.9 (54/115)	38.3 (23/60)	NS
Family history of CAD (%)	18.3 (21/115)	16.7 (10/60)	NS
BMI (kg/m2)	26.1 ± 3.1	25.2 ± 3.2	NS
Waist circumference (cm)	92.3 ± 10.1	88.7 ± 11.9	NS
Office SBP (mmHg)	121.9 ± 10.6	118.3 ± 11.6	NS
Office DBP (mmHg)	75.8 ± 8.7	73.2 ± 9.6	NS
HR (bpm)	78.5 ± 9.9	74.1 ± 11.5	NS
Fasting glucose (mg/dL)	92.2 ± 11.6	88.5 ± 12.7	NS
Total cholesterol (mg/dL)	185.4 ± 37.4	179.1 ± 33.8	NS
Serum LDL cholesterol (mg/dL)	129.4 ± 33.7	127.7 ± 26.1	NS
Serum HDL cholesterol (mg/dL)	49.2 ± 12.9	48.4 ± 13.5	NS
Serum triglycerides (mg/dL)	125.3 ± 77.3	126.2 ± 67.0	NS
Sedimentation (mm/h)	14.4 ± 10.2	11.0 ± 9.6	NS
hsCRP (mg/dL)	0.52 ± 0.45	0.19 ± 0.17	0.001

Demographic characteristics of the study population. Data were presented as mean ± standard deviation.

PP-142

Evaluation of Surrogate Markers of Atherosclerosis in Patients with Venous Thromboembolism

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Background: An increased cardiovascular risk has been evidenced in patients with deep venous thrombosis. We aimed to investigate the relationship between the extent of venous thromboembolism (VTE) and epicardial fat thickness (EFT) and carotid intima-media thickness (CIMT).
Methods: In this study 38 patients with VTE (distal and proximal), and 37 age and sex matched patients were enrolled as control group. The patients who had known coronary artery diseases, had abnormal wall motion, and had history of angina were excluded. Echocardiographic EFT and ultrasonographic CIMT were measured in all subjects.
Results: The study group consisted of 38 patients,with a mean age 59±11,(55% male) and 37 healty control group with a mean age 57±12 (54% male). There was no difference between in diabetes mellitus. hypertension, smoking in two groups. Similarly, total cholesterol, low density cholesterol high density cholesterol, and triglicerides levels did not have any difference. According to control group EFT was significantly higher than VTE group (7.1±2.1 mm vs 5.3±2.5 mm, p=0.001). Besides this according to control group CIMT was significantly higher than VTE group. (0.91±0.34 cm vs 0.66±0.22 cm, p<0.001).
Conclusions: This study showed that surrogate markers of atherosclerosis were more frequently seen in patients with VTE. The measurement of EFT and CIMT, may represent a useful and reliable method to evaluate cardiovascular risk in patients with VTE.

PP-143

The Relationship between Epicardial Adipose Tissue and Endothelial Dysfunction in Patients with Type 2 Diabetes Mellitus

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Cardiovascular disease is the most important cause of mortality in patients with type 2 diabetes and is preceded by endothelial dysfunction.Epicardial adipose tissue has shown to be related to cardiovascular risk. An increased epicardial adipose tissue is associated with incident coronary artery disease and major adverse cardiac events. The aim of the present study is to investigate the relationship between epicardial adipose tissue and endothelial function in patients with type 2 Diabetes Mellitus (DM).
Methods: Type 2 DM patients were divided into two groups according to their brachial flow mediated dilatation values. The endothelial dysfunction group consisted of 46 participants with flow mediated dilatation change <7%, while 46 participants with flow-mediated dilatation change >7% were accepted as the non-endothelial dysfunction group. Thickness of the epicardial adipose tissue (EAT) was measured to right ventricular free wall adjacent to the parasternal long and short axis images. The patients' demographic, anthropometric and laboratory findings were recorded.
Results: The mean FMD values of patients were 13.2±4.9% in Non-ED Group and 3.5±3.4% in ED Group (p<0.001). Table 1 shows the baseline characteristics of patients. The EAT short and long axis diameters were shown in Figure 1. The HbA1c levels were significantly higher in ED Group than Non-ED Group (respectively, 8.7±1.9%, 7.9±1.6%, p<0.038). There were a negative correlation between FMD values and EAT short and long axis diameters (respectively; r=-0,349, p=0.001, r=-0,351, p=0.001). The hematologic parameters including; white blood count, hemoglobine, platelet, lymphocyte count, red cell distribution width, mean platelet volume, neutrophil lymphocyte ratio and platelet lymphocyte ratio were similar between two groups. The neutrophil counts were higher in ED group than Non-ED Group (4723±1651 vs 4091±1252, p=0,041). In logistic regression analyses, HbA1c and EAT short axis diameter were found as predictors for ED (CI 95% was 2,278 for HbA1c, p=0.006 and CI 95% was 2,953 for EAT short axis diameter, p=0.0022).
Conclusıon: Increased EAT diameters and HbA1c predict ED in patients with type 2 DM.

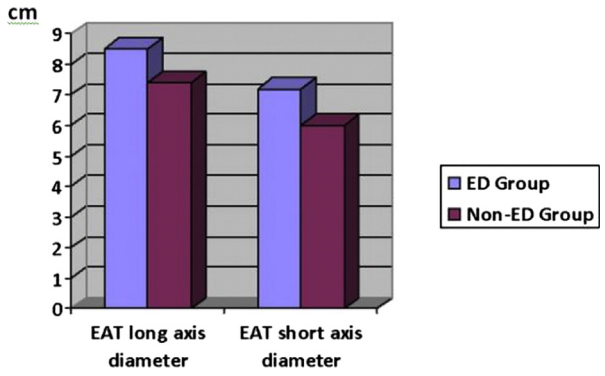

Table 1

	ED Group (n=46)	Non-ED Group (n=46)	P value
Age (years)	54.6±8.5	53.9±8.0	0.6
Female (%)	71.7	73.9	0.5
Duration of diabetes mellitus (month)	50.3	42.6	0.1
History of (%)			
Hypertension	80.4	78.3	0.5
Smoke	28.3	19.6	0.2
Fasting glucose (mg/dL)	202±80	189±70	0.3
Creatinin (mg/dL)	0.86±0.19	0.88±0.19	0.4
Tryglyceride (mg/dL)	208±115	182±83	0.2
Total- Cholesterole (mg/dL)	205±51	199±45	0.5
Low Density Lipoprotein Cholesterole (mg/dL)	124±37	117±39	0.3
High Density Lipoprotein Cholesterole (mg/dL)	41±9	43±10	0.5
HbA1c (%)	8.7±1.9	7.9±1.6	0.038
CRP (mg/dL)	5.5± 5.0	4.5± 5.1	0.3
Body Mass Index (kg/m2)	32.4±5.8	31.1±3.7	0.1

The clinical and biochemical properties of patients with type 2 diabetes mellitus.

PP-144

Comparison of Inflammatory Markers in Patients with Ischemic and Non-ischemic Heart Failure

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Background: Heart failure (HF), which is a major cardiovascular health problem, has still a poor prognosis despite advances in its management. Several studies suggested that inflammation has an important role in HF progression. However, the location of inflammation in diagnosis and treatment of patients with HF is still unclear. Therefore, we aimed to compare inflammatory markers in patients with ischemic and non-ischemic HF.
Methods: This study included 46 ischemic HF (33 male, age 69±10 years) and 55 non-ischemic HF (35 male, age 61±11 years) patients who had functional class I-II, asymptomatic, low left ventricular ejection fraction (LV EF <40%). In addition, there was no coronary artery disease or angiographycally significant stenosis (≥50% in diameter) in non-ischemic HF patients. An age, sex-matched control group was composed of 40 (17 male, age 58±13 years) patients. We evaluated clinical and laboratory characteristics which are associated with inflammatory process such as red blood cell distribution width (RDW), white blood cells (WBC), neutrophil-to-lymphocyte counts (NLR), uric acit and high sensivity C reactive protein (Hs CRP). Echocardiography was performed. The left atrial size, LV diameter and volumes, wall thickness were measured. LV EF was calculated by Simpson's method.
Results: Age, diabetes mellitus, hyperlipidemia, systolic and diastolic blood pressure were significantly higher in HF group when compared with control group. LV EF (29.6±4.8 vs 31±5, p=0.20), diameters and volumes was similar between ischemic and non ischemic HF groups. According to control group, RDW (15.8±1.9 vs 15.5±1.8 vs 14±1.5, p<0.05), neutrophil-to-lymphocit ratio [348 (169-768) vs 269 (65-722) vs 177 (58-268), p<0.05], uric acid (6.9±1.9 vs 6.1±1.8 vs 4.5±1.3 mg/dl, p<0.05) levels were significantly higher in heart failure groups., Hs CRP levels [18.8 (1.1-92.7) vs 8.7 (1-42) mg/L, p<0.05], NLR [348 (169-768) vs 269 (65-722), p<0.05] were significantly higher in ischemic HF group when compared with non-ischemic HF group.

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